

09/800788

ISSUE STATEMENT AREA (for additional cross reference)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|------------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>MR</i> | 13 | 3/23/01 |
| FORMALITY REVIEW | <i>STP</i> | 1027 | 05/23/01 |

Request

925
INDEX OF CLAIMS

09-06-01

✓ Rejected
 ○ Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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P-10-98-7655-32

13
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C.C.
 05-4-01
 05/16/01
 05/16/01